

HEALTH QUARTERLY STATEMENT

AS OF September 30, 2002
OF THE CONDITION AND AFFAIRS OF THE

HealthPlus of Michigan, Inc.

NAIC Group Code	0000	, 0000	NAIC C	Company Code	95580	Employer's ID Number	38-2160688
Organized under the Laws of	(Current Period)	(Prior Period)		State of Domi	oile or Port of Entry	,	Michigan
•		Michigan		State of Domin	cile or Port of Entry		Michigan
Country of Domicile		Genesee					
Licensed as business type:	Life, Accident Dental Servic Other[]	e Corporation[] V	Propery/Casualty[] /ision Service Corpo s HMO Federally Qu		Health M	, Medical & Dental Service or l faintenance Organization[X]	ndemnity[]
Date Incorporated or Organ	ized	08/09/1977		Date C	commenced Busines	ss10	0/15/1979
Statutory Home Office		2050 South Linden F		<u> </u>		Flint, MI 48532	
Main Administrative Office		(Street and Number	·)		Linden Road	(City, or Town, State and Zip C	ode)
		Flint, MI 48532		(Street an	nd Number)	(800)332-9161 x	
Mail Address	(City	or Town, State and Zip Code) 2050 South Linden Road, P.	O. Box 1700			(Area Code) (Telephone N Flint, MI 48501-17	,
Primary Location of Books a	and Records	(Street and Number or P.0		2050	South Linden Road	(City, or Town, State and Zi	
Timary Education of Books &	ina riccoras	Flint MI 40500			treet and Number)		
	(City,	Flint, MI 48532 or Town, State and Zip Code)				(800)332-9161 x (Area Code) (Telephone N	
Internet Website Address		www.healthplus	s.com				
Statutory Statement Contac	t	Matthew Andrew Me (Name)	endrygal, C.P.A.			(810)230-2179 x (Area Code)(Telephone Number	
	mme	ndrygal@healthplus.com (E-Mail Address)				(810)230-2208 x (Fax Number)	, ,
Policyowner Relations Cont	act	(E-IVIAII AUUI ess)			South Linden Road	, ,	
		Flint, MI 48532		(S	treet and Number)	(800)332-9161-	
	(City,	or Town, State and Zip Code)	OFFIC			(Area Code) (Telephone Numbe	r)(Extension)
		Dan Ellis Champney Es Laraine Bernadette Yap David Paul Crosby	RECTORS C	Christopher Joh	v Mendrygal C.P.A. n Flores Bruce R Christine Ma ohn Jacob Saalwae	obert Hill urie Tomcala schter MD,MBA,CPE e Burns ake Pestronk an Sain Wascha Esq. ael Van Tiflin /hisiker-Lewis DO n Campbell	
	chigan nesee s						
assets were the absolute proper explanations therein contained, a and of its income and deductions manuals except to the extent that their information, knowledge and	y of the said report annexed or referred the stherefrom for the p t: (1) state law may belief, respectively (Signature) ull Alan Fuhs Printed Name) President n to before me the	is a	ens or claims thereon, e the assets and liabilitie eted in accordance with ulations require difference (Signa Matthew Andr (Printed Chief Finar L. Is this an original f b. If no, 1. State 2. Date	except as herein state as and of the condition the NAIC Annual States in reporting not re ature) ew Mendrygal I Name) total Officer the amendment re	ed, and that this statem n and affairs of the said atement Instructions ar elated to accounting pr	ent, together with related exhibits, of reporting entity as of the reporting and Accounting Practices and Proce	schedules and period stated above, dures to the best of Flores
(Notary Public	Signature)						

	ASSETS		Current Period		Prior Year
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. 2.	Bonds Stocks:	3,275,498		3,275,498	7,459,039
۷.	2.1 Preferred stocks				
	2.2 Common stocks				
3.	Mortgage loans on real estate:	10,004,010		10,004,010	1,322,432
3.	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
T.	4.1 Properties occupied by the company (less \$ encumbrances)	5 746 354	15 922	(a) 5 730 432	5 651 100
	4.2 Properties held for the production of income (less \$ encumbrances)				
	4.3 Properties held for sale (less \$ encumbrances)				
5.	Cash (\$29,987,767) and short-term investments (\$25,184,109)				
6.	Other long-term invested assets				
7.	Receivable for securities				
8.	Aggregate write-ins for invested assets				
9.	Subtotal cash and invested assets (Lines 1 to 8) Accident and health premiums due and unpaid				
10.					
11.	Health care receivables				
12.	Amounts recoverable from reinsurers				
13.	Net adjustment in assets and liabilities due to foreign exchange rates				
14.	Investment income due and accrued				
15.	Amounts due from parent, subsidiaries and affiliates				
16.	Amounts receivable relating to uninsured accident and health plans				
17.	Furniture and equipment				
18.	Amounts due from agents				
19.	Federal and foreign income tax recoverable and interest thereon (including \$net				
	deferred tax asset)				
20.	Electronic data processing equipment and software				
21.	Other nonadmitted assets				
22.	Aggregate write-ins for other than invested assets	40,111		40,111	41,882
23. DETA	Total assets (Lines 9 plus 10 through 22)	86,569,483	3,860,864	82,708,619	77,061,754
0801.	Investment in Affiliate				,
0802 0803					
0898. 0899.	Summary of remaining write-ins for Line 8 from overflow page TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)				
2201. 2202	Other Receivables	40,111		40,111	41,882
2203					
2298. 2299.	Summary of remaining write-ins for Line 22 from overflow page	40,111		40,111	41,88
(a) \$	health care delivery assets included in Line 4.1. Column 3				*

⁽a) \$..... health care delivery assets included in Line 4.1, Column 3.

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	LIADILITIES, CAPITAL AND	JUNFL	Current Period	I	Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less \$ reinsurance ceded)	47,102,185		47,102,185	39,995,215
2.	Accrued medical incentive pool and bonus payments	5,976,485		5,976,485	4,787,912
3.	Unpaid claims adjustment expenses				
4.	Aggregate policy reserves				
5.	Aggregate claim reserves				
6.	Premiums received in advance	2,906,498		2,906,498	2,849,158
7.	General expenses due or accrued	889,726		889,726	1,941,146
8.	Federal and foreign income tax payable and interest thereon (including \$ on				
	realized capital gains (losses) (including \$ net deferred tax liability)				
9.	Amounts withheld or retained for account of others	37,282		37,282	78,946
10.	Borrowed money (including \$ current) and interest thereon \$ (including				
	\$ current)				
11.	Amounts due to parent, subsidiaries and affiliates	809,303		809,303	771,295
12.	Payable for securities				
13.	Funds held under reinsurance treaties with (\$ authorized reinsurers and				
	\$ unauthorized reinsurers)				
14.	Reinsurance in unauthorized companies				
15.	Net adjustments in assets and liabilities due to foreign exchange rates				
16.	Liability for amounts held under uninsured accident and health plans				
17.	Aggregate write-ins for other liabilities (including \$ current)				
18.	Total liabilities (Lines 1 to 17)				
19.	Common capital stock				
20.	Preferred capital stock				
21.	Gross paid in and contributed surplus				
22.	Surplus notes				
23.	Aggregate write-ins for other surplus funds				
24.	Unassigned funds (surplus)				
25.	Less treasury stock, at cost:	XXX	XXX		, ,
	25.1shares common (value included in Line 19 \$)				
	25.2shares preferred (value included in Line 20 \$)				
26.	Total capital and surplus (Lines 19 to 24, Less 25)				
27.	Total liabilities, capital and surplus (Lines 18 and 26)				
DETAI	LS OF WRITE-INS Accrued Payroll				
1701. 1702.	Other Current Liabilities	99,889		99,889	150,357
1703 1798.	Summary of remaining write-ins for Line 17 from overflow page				
1799. 2301	TOTALS (Lines 1701 through 1703 plus 1798) (Line 17 above)	1,392,703		1,392,703	1,589,845
2302		X X X	X X X		
2303 2398.	Summary of remaining write-ins for Line 23 from overflow page	X X X	X X X		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc. STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE AND			
		Current Ye		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months			
2.	Net premium income			
	·		, ,	
3.	Change in unearned premium reserves and reserve for rate credits			
4.	Fee-for-service (net of \$ medical expenses)			
5.	Risk revenue			
6.	Aggregate write-ins for other health care related revenues			
7.	TOTAL REVENUES (Lines 2 to 6)	X X X	301,082,040	344,105,261
Medica	al and Hospital:			
8.	Hospital/medical benefits		169,215,816	194,508,313
9.	Other professional services			
10.	Outside referrals			
11.	Emergency room and out-of-area			
12.	Prescription drugs		59,345,702	67,067,446
13.	Aggregate write-ins for other medical and hospital		49,086,833	56,071,240
14.	Incentive pool and withhold adjustments		2,194,887	671,840
15.	Subtotal (Lines 8 to 14)		279,843,238	318,318,839
LESS:				
16.	Net reinsurance recoveries			
17.	Total medical and hospital (Lines 15 minus 16)			
18.	Claims adjustment expenses			
19.	General administrative expenses			
20.	Increase in reserves for accident and health contracts			
21.	Total underwriting deductions (Lines 17 through 20)			
	Net underwriting gain or (loss) (Lines 7 minus 21)			
22.	, , , ,		, , ,	• • • • • •
23.	Net investment income earned			
24.	Net realized capital gains or (losses)			
25.	Net investment gains or (losses) (Lines 23 plus 24)		1,116,211	3,045,609
26.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$),			
	(amount charged off \$)]			
27.	Aggregate write-ins for other income or expenses			, ,
28.	Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		220,235	425,561
29.	Federal and foreign income taxes incurred	X X X		
30.	Net income (loss) (Lines 28 minus 29)	X X X	220,235	425,561
DETAI 0601.	LS OF WRITE-INS Administrative fee receipts from HGH	XXX	4 945 938	
0602		X X X		
0603 0698.	Summary of remaining write-ins for Line 6 from overflow page			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	X X X	4,945,938	
1301.	Medicaid Capitation		48,052,010	53,952,500
1302. 1303.	Laboratory and DME Capitation Other Medical Expense			
1398.	Summary of remaining write-ins for Line 13 from overflow page			
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)		49,086,833	56,071,240
2701. 2702.	Other Revenue			
2703				
2/98.	Summary of remaining write-ins for Line 27 from overflow page			
1398. 1399. 2701. 2702.	Summary of remaining write-ins for Line 13 from overflow page TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) Gain/(loss) on disposal of Fixed Assets Other Revenue Summary of remaining write-ins for Line 27 from overflow page		49,086,833	56,071,240 (105,833) 6,440

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year to Date	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
31.	Capital and surplus prior reporting year	25,048,237	27,678,526
GAINS	AND LOSSES TO CAPITAL & SURPLUS		
32.	Net income or (loss) from Line 30	220,235	425,561
33.	Change in valuation basis of aggregate policy and claim reserves		
34.	Net unrealized capital gains and losses	(2,283,384)	(998,092)
35.	Change in net unrealized foreign exchange capital gain or (loss)		
36.	Change in net deferred income tax		
37.	Change in nonadmitted assets	609,349	(2,057,758)
38.	Change in unauthorized reinsurance		
39.	Change in treasury stock		
40.	Change in surplus notes		
41.	Cumulative effect of changes in accounting principles		
42.	Capital Changes:		
	42.1 Paid in		
	42.2 Transferred from surplus (Stock Dividend)		
	42.3 Transferred to surplus		
43.	Surplus adjustments:		
	43.1 Paid in		
	43.2 Transferred to capital (Stock Dividend)		
	43.3 Transferred from capital		
44.	Dividends to stockholders		
45.	Aggregate write-ins for gains or (losses) in surplus		
46.	Net change in capital and surplus (Lines 32 to 45)	(1,453,800)	(2,630,289)
47.	Capital and surplus end of reporting period (Line 31 plus 46)	23,594,437	25,048,237
4501	LO OF WHITE-ING		
4502 4503 4598. 4599.	Summary of remaining write-ins for Line 45 from overflow page		

		CASITILOW		
			1 Current Year To Date	2 Prior Year
		Cash from Operations		
1.	Premi	ums and revenues collected net of reinsurance	297.290.111	347.784.528
2.		and claims adjustment expenses		
3.		al administrative expenses paid		
4.		underwriting income (expenses)		, ,
5.		rom underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)		
6.		vestment income	, ,	
7.		income (expenses)		
8.		al and foreign income taxes (paid) recovered		
9.		sh from operations (Lines 5 to 8)		
9.	Net Ca	Cash from Investments	6,430,241	4,210,939
40	D			
10.		eds from investments sold, matured or repaid:	7,000,000	00.404.004
	10.1	Bonds		, ,
	10.2	Stocks		, ,
	10.3	Mortgage loans		
	10.4	Real estate		
	10.5	Other invested assets		
	10.6	Net gains or (losses) on cash and short-term investments	(2,946)	35,804
	10.7	Miscellaneous proceeds		
	10.8	TOTAL investment proceeds (Lines 10.1 to 10.7)	9,569,125	29,004,476
11.	Cost	f investments acquired (long-term only):		
	11.1	Bonds	7,549,712	15,279,855
	11.2	Stocks	2,584,414	10,554,744
	11.3	Mortgage loans		
	11.4	Real estate	392,981	40,652
	11.5	Other invested assets		
	11.6	Miscellaneous applications		
	11.7	TOTAL investments acquired (Lines 11.1 to 11.6)	10,527,107	25,875,251
12.	Net ca	sh from investments (Line 10.8 minus Line 11.7)	(957,982)	3,129,225
		Cash from Financing and Miscellaneous Sources		
13.	Cash	provided:		
	13.1	Surplus notes, capital and surplus paid in		
	13.2	Net transfers from affiliates		
	13.3	Borrowed funds received	·	
	13.4	Other cash provided		
	13.5	TOTAL (Lines 13.1 to 13.4)		
14.		applied:		0,217,010
17.	14.1	Dividends to stockholders paid		
	14.2	Net transfers to affiliates		
	14.3	Borrowed funds repaid		
	14.4	Other applications		
15	14.5	TOTAL (Lines 14.1 to 14.4)		
15.	Net ca	sh from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	564,675	1,193,638
		RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16.		ange in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	8,062,934	8,533,802
17.		and short-term investments:		
	17.1	Beginning of period		
	17.2	End of period (Line 16 plus Line 17.1)	55,171,876	47,108,942

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1	Comprehensive (H	lospital & Medical)	4	5	6	7	8	9	10
			2	3				Federal			
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total M	lembers at end of:			·							
1.	Prior Year	159,145	400	88,753				1,398	2,337	59,252	7,005
2.	First Quarter	163,378	510	91,714				1,871	2,794	59,113	7,376
3.	Second Quarter	163,826	509	91,892				1,863	2,788	59,248	7,526
4.	Third Quarter		505	91,939				1,899	2,813	59,574	7,637
5.	Current Year										
6.	Current Year Member Months	1,473,067	4,463	826,830				16,901	25,159	532,500	67,214
Total N	lember Ambulatory Encounters for Period:										
7.	Physician	402,641		286,364					10,681	82,525	23,071
8.	Non-Physician	462,024		317,865					17,697	94,319	32,143
9.	Total	864,665		604,229					28,378	176,844	55,214
10.	Hospital Patient Days Incurred	56,653		21,884					4,118	19,223	11,428
11.	Number of Inpatient Admissions	12,753		5,326					689	4,722	2,016
12.	Premiums Collected	296,912,591	889,026	177,230,702				3,183,641	16,974,624	77,692,321	20,942,277
13.	Premiums Earned	296,212,588	869,084	174,617,942				3,193,585	18,516,179	78,073,048	20,942,750
14.	Amount Paid for Provision of Health Care Services	273,726,674	850,251	161,481,992				2,692,101	14,796,217	75,931,337	17,974,776
15.	Amount Incurred for Provision of Health Care Services	279,843,239	887,339	164,945,049				2,806,504	16,314,654	76,583,711	18,305,982

CLAIMS PAYABLE (Reported and Unreported) Aging Analysis of Unpaid Claims

Aging Analysis of Oripaid Claims										
1	2	3	4	5	6	7				
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total				
0199999 Individually Listed Claims Payable										
0299999 Aggregate Accounts Not Individually Listed - Uncovered	10,761,061	1,572,291	474,135	130,607	354,165	13,292,259				
0399999 Aggregate Accounts Not Individually Listed - Covered										
0499999 Subtotals	10,761,061	1,572,291	474,135	130,607	354,165	13,292,259				
0599999 Unreported claims and other claim reserves						27,615,985				
0699999 Total Amounts Withheld										
0799999 Total Claims Payable										
0900000 Aperuad Medical Incentive Real						5,976,485				

UNDERWRITING AND INVESTMENT EXHIBIT ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	oility		
		Clai	ims	End	d of		
		Paid Yea	r to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec.31 of	During the	in Prior Years	Dec.31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1. Comprehensive ((Hospital & Medical)	26,910,387	133,047,780	1,936,783	30,399,528	28,847,170	28,258,772
2. Medicare Supple	ment						
5. Federal Employe	es Health Benefits Plan Premiums	217,409	2,252,331		476,317	217,409	267,639
	care						
7. Title XIX - Medica	aid	4,378,098	71,108,506	1,135,650	5,829,547	5,513,748	5,921,070
8. Other		2,435,747	15,539,029	87,499	3,017,761	2,523,246	2,774,054
9. Subtotal		36,331,032	234,210,349	3,581,934	43,520,250	39,912,966	39,995,215
Medical incentive	pools, accruals and disbursements.	2,203,827	981,465	3,344,501	2,631,984	5,548,328	4,787,912
11. TOTALS		38,534,859	235,191,814	6,926,435	46,152,234	45,461,294	44,783,127

HEALTHPLUS OF MICHIGAN NOTES TO FINANCIAL STATEMENTS September 30, 2002

- 1. Summary of Significant Accounting Policies
- A. Accounting Practices

There are no material changes since the 2001 Annual Statement.

B. Use of Estimates in the Preparation of Financial Statements

There are no material changes since the 2001 Annual Statement.

C. Accounting Policy

There are no material changes since the 2001 Annual Statement.

Accounting Changes and Corrections of Errors.

There are no material changes in accounting principles and/or correction of errors as of the 3rd Quarter 2002.

3. Business Combinations and Goodwill.

The Company does not have any business combinations or Goodwill to report.

4. Discontinued Operations

The Company does not have any discontinued operations to report.

5. Investments – Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities, Repurchase Agreements

The Company does not have any to report.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.

7. Investment Income

The Company does not exclude any investment income due and accrued.

8. Derivative Instruments

The Company does not have any derivative financial instrument to report.

9. Income Taxes

The Company is exempt from Federal Income Tax under Internal Revenue Code Section 501(c)(4). The Company is also exempt from Michigan Single Business Tax.

10. Information Concerning Parent, Subsidiaries and Affiliates

HealthPlus Options, Inc. (HPO) is a wholly-owned subsidiary of the Company. HPO began operations in 1990 as a third party administrator. The Company provides administrative services to HPO, and HPO pays the Company a monthly management fee for these services. Those fees amounted to approximately \$1,445,000 as of the 3rd Quarter 2002.

The Company reports its investment in HPO at an amount equal to the net worth of the subsidiary. Any increases or decreases in the equity of HPO is reflected as an increase or decrease in the non-admitted portion of the investment. At such time as the equity of HPO equals or exceeds the initial investment (\$1,566,801), the Company will account for increases or decreases as unrealized gains or losses.

The Company is a part owner (30% interest) of a non-profit corporation, HGH, Inc., with certain hospital providers in the greater Flint region for the purpose of providing services to Medicaid members. The Company also has negotiated reimbursement for its administrative services to the members of HGH. These reimbursements amounted to approximately \$5,000,000 as of the 3rd Quarter 2002, and are reflected as other health care related revenue on the Statement of Revenue and Expenses.

Premium revenues for HGH Medicaid members are transferred from HPM to HGH when collected from the Michigan Department of Community Health. These revenues are used to reimburse providers for services to Medicaid members and HPM for administrative services.

In the event that HGH, Inc. is unable to arrange to provide services to the Medicaid membership under the sub-contract, the Company would be responsible for the provision and payment of such services so long as the contract between the Michigan Department of Community Health and the Company remains in effect.

The investment in HGH is accounted for under the GAAP equity method, and the Company has recorded approximately \$485,000 as its share of the operating loss of HGH, Inc. as of the 3rd Quarter 2002.

11. Debt

The Company has no Capital Notes or Other Debts to report.

12. Retirement Plan

There are no material changes since the 2001 Annual Statement.

Company contributions as of the 3rd Quarter 2002 were \$717,000.

13. Dividend Restrictions

The Company has no Shareholder's Dividend Restrictions or Quasi-Reorganizations to report.

The portion of unassigned funds (surplus) represented or reduced by each item below is as follows:

a. Unrealized gains and losses: (2,283,384)b. Nonadmitted asset values: 3,860,864

14. Contingencies

The Company has none to report.

15. Leases

The rental expense for all operating leases as of the 3rd Quarter 2002 was \$168,000.

16. Financial Instruments with Off-Balance Sheet Risk and Concentrations of Credit Risk

There are none to report.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

There are none to report.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.

The Company had no gains or losses from uninsured or partially insured A&H Plans.

19. Direct Premium written/produced by Managing General Agents/Third Party Administrators.

The Company has none to report.

20. Other Items

Health Care Receivables

(a) Pharmaceutical Rebate Receivables

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
9/30/2002	0	0	0	0	0
6/30/2002	686,090	706,489	20,399	0	0
3/31/2002	141,797	717,158	490,474	91,148	0
12/31/2001	120,605	717,378	16,894	579,879	0
9/30/2001	113,468	680,518	516,807	40,289	15,721
6/30/2001	24,393	587,185	113,137	71,364	378,291
3/31/2001	0	704,584	176,272	134,469	393,843

21. Events Subsequent

There were no events which occurred subsequent to the close of the books or accounts for this statement which may have a material effect on the financial condition of the Company.

22. Reinsurance

The Company has no unsecured reinsurance recoverables, reinsurance recoverable in dispute, reinsurance assumed, uncollectible reinsurance, commutation of ceded reinsurance, or retroactive reinsurance at this time. The Company has \$76,486 in ceded reinsurance through the 3rd Quarter 2002.

23. Retrospectively Rated Contracts

The Company has none to report

24. Organization and Operation

There are no material changes since the 2001 Annual Statement.

In accordance with risk sharing provisions as described in the 2001 Annual Statement, approximately \$5,300,000 of admitted receivables from physicians and hospitals has been reflected on the 3rd Quarter 2002 balance sheet.

25. Salvage and Subrogation

There are no material changes since the 2001 Annual Statement.

26. Change in Incurred Claims and Claim Adjustment Expenses

Reserves for incurred claims attributable to insured events of prior years have been decreased by \$23,320 as of the 3rd Quarter 2002 as a result of re-estimation of unpaid claims. This is the result of ongoing analysis, and original estimates are increased or decreased as additional information becomes known.

27. Minimum Net Worth

There are no material changes since the 2001 Annual Statement.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES **GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements?

Yes[] No[X]

1.2 If yes, explain:

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes[] No[X] Yes[] No[] N/A[X]

If yes, has the report been filed with the domiciliary state?

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.

Yes[] No[X]

Have there been any substantial changes in the organizational chart since the prior quarter end? If yes attach an organizational chart.

Yes[] No[X]

Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
	NAIC	State of
Name of Entity	Company Code	Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.

Yes[] No[X] N/A[]

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/1999

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This

12/31/1999

date should be the date of the examined balance sheet and not the date the report was completed or released.

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

01/18/2001

By what department or departments?

Department of Consumer and Industry Services, Office of Financial & Insurance Services, Division of Insurance

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes[] No[X]

8.2 If yes, give full information

GENERAL INTERROGATORIES (continued)

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any changes in the reporting entity's own preferred or common stock?

9.2 If yes, explain:

Yes[] No[X]

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude secuities under securities lending agreements.)

Yes[] No[X]

10.2 If yes, give full and complete information relating thereto: 11. Amount of real estate and mortgages held in other invested assets in Schedule BA:

\$

12. Amount of real estate and mortgages held in short-term investments:

\$

Yes[X] No[]

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?

13.2 If yes, please complete the following:

		1	2
		Prior Year-End	Current Quarter
		Statement Value	Statement Value
13.21	Bonds		
13.22	Preferred Stock		
13.23	Common Stock		
13.24	Short-Term Investments		
13.25	Mortgages, Loans or Real Estate		
13.26	All Other	306,216	(106,298)
13.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	306,216	(106,298)
13.28	Total Investment in Parent included in Lines 13.21 to 13.26 above		
13.29	Receivable from Parent not included in Lines 13.21 to 13.26 above		

14.1 Does the reporting entity have any hedging transactions reported in Schedule DB?14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes[] No[X] Yes[] No[] N/A[X]

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV, H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[]

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
Bank One Trust Company, N.A. Citizen's Bank	

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? 15.4 If yes, give full and complete information relating thereto:

Yes[] No[X]

1	2	3	4
		Date	
Old Custodian	New Custodian	of Change	Reason

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration		
Depository	Name(s)	Address
Bank One Trust Company, N.A.	Matthew Wasmund	611 Woodward Ave., Detroit, MI,
	Sheila K. Craft	48226

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc.

SCHEDULE A - VERIFICATION

		1	2	3	4
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended
		Current Year	Current Year	Current Year	December 31
1.	Book/adjusted carrying value, beginning of period	5,676,746	5,575,773	5,773,340	6,181,639
2.	Increase (decrease) by adjustment	(103,958)	(106,668)	(112,747)	(545,545)
3.	Cost of acquired				
4.	Cost of additions to and permanent improvements	2,985	304,235	85,761	40,652
5.	Total profit (loss) on sales				
6.	Increase (decrease) by foreign exchange adjustment				
7.	Amount received on sales				
8.	Book/adjusted carrying value at end of current period	5,575,773	5,773,340	5,746,354	5,676,746
9.	Total valuation allowance				
10.	Subtotal (Lines 8 plus 9)	5,575,773	5,773,340	5,746,354	5,676,746
11.	Total nonadmitted amounts	22,405	19,163	15,922	25,646
12.	Statement value, current period (Page 2, real estate lines, current				
	period)	5,553,368	5,754,177	5,730,432	5,651,100

SCHEDULE B - VERIFICATION

	SCHEDOLE B -	LI III IOA I IO	1.4		
		1	2	3	4
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended
		Current Year	Current Year	Current Year	December 31
1.	Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2.	Amount loaned during period:				
	Actual cost at time of acquisitions Additional investment made after acquisitions				
	2.2 Additional investment made after acquisitions				
3.	Accrual of discount and mortgage interest points and commitment fees				
4.	Increase (decrease) by adjustment] 		
5.	Total profit (loss) on sale				
6.	Total profit (loss) on sale Amounts paid on account or in full during the period Amortization of premium) N F			
7.	Amortization of premium				
8.	Increase (decrease) by foreign exchange adjustment		Ţ		
9.	Book value/recorded investment excluding accrued interest on mortgages				
	owned at end of current period				
10.	Total valuation allowance				
11.	Subtotal (Lines 9 plus 10)				
12.	Total nonadmitted amounts				
13.	Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	Other invested Assets included in Schedule BA						
		1	2	3	4		
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended		
	Description	Current Year	Current Year	Current Year	December 31		
1.	Book/adjusted carrying value of long-term invested assets owned,						
	beginning of period	1,566,801	1,566,801	1,249,311	169,025		
2.	Cost of acquisitions during period:						
	2.1 Actual cost at time of acquisitions						
	2.2 Additional investment made after acquisitions						
3.	Accrual of discount						
4.	Increase (decrease) by adjustment		(317,490)	(305,178)	(169,025)		
5.	Total profit (loss) on sale						
6.	Amounts paid on account or in full during the period						
7.	Amortization of premium						
8.	Increase (decrease) by foreign exchange adjustment						
9.	Book/adjusted carrying value of long-term invested assets at end of current						
	period	1,566,801	1,249,311	944,133			
10.	Total valuation allowance						
11.	Subtotal (Lines 9 plus 10)						
12.	Total nonadmitted amounts						
13.	Statement value of long-term invested assets at end of current period						

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	During the C	direin Guart		ilas alla i ic	ierreu Slock	by Hatting O	เนงง		
		1	2	3	4	5	6	7	8
		Statement				Statement	Statement	Statement	Statement
		Value	Acquisitions	Dispositions	Non-Trading	Value	Value	Value	Value
		Beginning	During Current	During Current	Activity During	End of	End of	End of	December 31
		of Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BOND	S								
1.	Class 1								
2.	Class 2	513,827			(639)	514,457	513,827	513,188	
3.	Class 3								
4.	Class 4								
5.	Class 5								
6.	Class 6								
7.	TOTAL Bonds	4,276,785	13,304,504	11,304,504	(977)	3,277,437	4,276,785	6,275,808	32,402,788
PREF	ERRED STOCK								
8.	Class 1								
9.	Class 2								
10.	Class 3								
11.	Class 4								
12.	Class 5								
13.	Class 6								
14.	TOTAL Preferred Stock								
15.	TOTAL Bonds & Preferred Stock	4,276,785	13,304,504	11,304,504	(977)	3,277,437	4,276,785	6,275,808	32,402,788

SCHEDULE DA - PART 1

Short - Term Investments Owned End of Current Quarter

	1	2	3	4	5		
	Book/Adjusted			Amount of Interest			
	Carrying		Actual	Received Current	Paid for Accrued		
	Value	Par Value	Cost	Quarter	Interest		
8099999. TOTALS	25,184,109	X X X	25,184,109	112,025			

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

		1	2	3	4
		First Quarter	Second Quarter	Third Quarter	Prior Year Ended
		Current Year	Current Year	CurrentYear	December 31
1.	Book/adjusted carrying value, beginning of period	24,943,747	24,827,810	24,989,489	5,743,022
2.	Cost of short-term investments acquired	1,235,779	199,086	17,836,280	80,028,748
3.	Increase (decrease) by adjustment				43,070
4.	Increase (decrease) by foreign exchange adjustment				
5.	Total profit (loss) on disposal of short-term investments				52,884
6.	Consideration received on disposal of short-term investments	1,351,716	37,407	17,641,660	60,923,977
7.	Book/adjusted carrying value, current period	24,827,810	24,989,489	25,184,109	24,943,747
8.	Total valuation allowance				
9.	Subtotals (Lines 7 plus 8)	24,827,810	24,989,489	25,184,109	24,943,747
10.	Total nonadmitted amounts				
11.	Statement value (Lines 9 minus 10)	24,827,810	24,989,489	25,184,109	24,943,747
12.	Income collected during period	134,712	126,075	112,025	476,051
13.	Income earned during period	132,575	126,075	115,911	478,189

16	Schedule DB Part F Section 1
17	Schedule DB Part F Section 2NONE

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc.

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc. SCHEDULE S - CEDED REINSURANCE

Showing all new reinsurers-Current Year to Date

	OHOWI	ing an new remisarcis-barrein real t	o Date	
1	2	3	4	5
NAIC Federal				Is Insurer
Company	ID			Authorized?
Code Number		Name of Reinsurer	Location	(Yes or No)
Accident and health - non-affiliates				
66346	58-0828824	Munich American Reassur Co	Atlanta, Georgia	Yes[X] No[]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

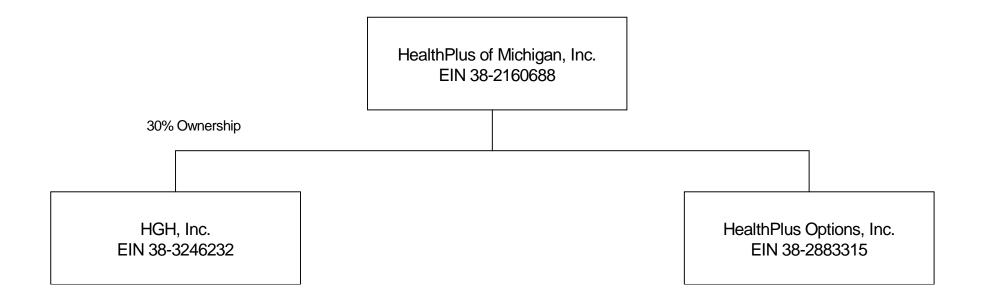
		Allocate	u by Sta	ies and	Territories	Direct Business Only Year-to-Date			
			1	2	3	Direct Business	5	6	
		Olds Els	Guaranty Fund (Yes or	Is Insurer Licensed (Yes or		Medicare	Medicaid	Federal Employees Health Benefits	
1	Alahama	State, Etc.	No)	No)	Premiums	Title XVIII	Title XIX	Program Premiums	
1.	Alabama Alaska	ALAK	No No	No					
2. 3.	Arizona	AZ	No	No					
3. 4.	Arkansas	AB	1	No					
5.	California	CA	No	No					
6.	Colorado	CO	1	No					
7.	Connecticut	CT		No					
8.	Delaware	DE		No					
9.	District of Columbia	DC		No					
10.	Florida	FL		No					
11.	Georgia	GA	No	No					
12.	Hawaii	HI	No	No					
13.	Idaho	ID	No	No					
14.	Illinois	L	No	No					
15.	Indiana	IN	No	No					
16.	lowa	IA	No	No					
17.	Kansas	KS	No	No					
18.	Kentucky	KY	No	No					
19.	Louisiana	LA	No	No					
20.	Maine	ME	No	No					
21.	Maryland	MD	No	No					
22.	Massachusetts	MA	No	No					
23.	Michigan	MI	No	Yes	196,429,776	18,516,179	78,073,048	3,193,585	
24.	Minnesota	MN		No					
25.	Mississippi	MS	No	No					
26.	Missouri	MO		No					
27.	Montana	MT		No					
28.	Nebraska	NE	No	No					
29.	Nevada	NV	No	No					
30.	New Hampshire	NH	No	No					
31.	New Jersey	NJ	1	No					
32.	New Mexico	NM		No					
33.	New York	NY		No					
34.	North Carolina	NC		No					
35.	North Dakota	ND		No					
36.	Ohio	OH	No	No					
37.	Oklahoma	OK		No					
38.	Oregon	OR		1					
39.	Pennsylvania	PA		No					
40.	Rhode Island	RI		No					
41.	South Carolina	SC		No					
42.	South Dakota	SD	I						
43.	Tennessee	TN		1					
44. 45	Texas	TX							
45.	Utah	UT		1					
46.	Vermont	VT		1					
47.	Virginia Washington	VA	1	No					
48. 40	Washington West Virginia	WA WV		No					
49. 50.	West Virginia Wisconsin	WI	I						
		WY	I	1			1		
51. 52.	Wyoming American Samoa	AS	1						
52. 53.	Guam	GU							
53. 54.	Puerto Rico	PR	I						
55.	U.S. Virgin Islands	VI		1					
56.	Canada	CN		No					
57.	Aggregate other alien			X X X .					
57. 58.		ess)		(a)1				3,193,585	
	S OF WRITE-INS		٨٨٨.	_ (α <i>)</i> Ι	100,423,170	1 10,010,179	10,070,040	1	
5701			X X X .	X X X .		Τ			
5701				X X X .					
5702				X X X .					
5798.		g write-ins for Line 57 from overflow page		X X X .					
5796.	•	through 5703 plus 5798) (Line 57 above)		X X X .					
		sponses except for Canada and Other Alien.		\ \ \ \ .	1	1	1	1	

^{5799.} TOTALS (Lines 5701 through 5703 plus 5798) (Line 57 above) ...
(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

All insurer members of a Holding Company Group that has acquired and/or disposed of any domestic insurer (s) since filing the last annual or quarterly statement shall prepare a common schedule for inclusion in each of the individual quarterly statements

PART 1 - ORGANIZATIONAL CHART HEALTHPLUS OF MICHIGAN ORGANIZATIONAL CHART



20

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

1. Will the SVO Compliance Certification be filed with this statement?

RESPONSES

No

Explanation:

Bar Code:



STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc.

OVERFLOW PAGE FOR WRITE-INS

E01	Schedule A Part 2NONE
E01	Schedule A Part 3 NONE
E02	Schedule B Part 1NONE
E02	Schedule B Part 2NONE
E03	Schedule BA Part 1 NONE
E03	Schedule BA Part 2

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Quarter

	0.101	g		,				
1	2	3	4	5	6	7	8	9
				Number			Paid for Accrued	
CUSIP		Date		of Shares			Interest and	NAIC
Identification	Description	Acquired	Name of Vendor	of Stock	Actual Cost	Par Value	Dividends	Designation (a)
6099998 Summary It	em for Bonds Bought and Sold This Quarter				7,300,000	7,300,000	112	
6599998 Summary It	em for Preferred Stock Bought and Sold This Quarter							
Common Stock - Inc	dustrial and Miscellaneous							
681937835	ONE GROUP EQUITY INDEX FUND	09/11/2002	BANK ONE STOCK FUND	17,288.823	360,815	x x x		L
	ONE GROUP BOND FUND		BANK ONE MANAGEMENT FUND	3,853.282	42,375	X X X		L
922040100	VANGUARD INSTL INDEX FD	08/27/2002	CITIZEN BANK LONG TERM	4,599.287	400,000	X X X		L
6899999 Subtotal - C	ommon Stock - Industrial and Miscellaneous				803,190	X X X		
7099997 Subtotal - C	ommon Stock - Part 3				803,190	X X X		
7099998 Summary It	em for Common Stock Bought and Sold This Quarter		23,262	X X X				
7099999 Subtotal - C			826,452	X X X				
7199999 Subtotal - P	referred and Common Stock				826,452	X X X		
7299999 Total - Bond	ls, Preferred and Common Stock				8,126,452	X X X	112	

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks Sold, Redeemed, or Otherwise Disposed of by the Company During the Current Quarter

by the company barring the carrent datate.															
1	2	3 4	5	6	7	8	9	10	11	12	13	14	15	16	17
									Increase	Foreign			Interest		
			Number				Book/Adjusted		(Decrease)	Exchange			on Bonds	Dividends on	NAIC
			of				Carrying Value	Increase	by Foreign	Gain	Realized Gain	Total Gain	Received	Stocks	Desig-
CUSIP	D	sposal Name of	Shares		Par		at Disposal	(Decrease) by	Exchange	(Loss) on	(Loss) on	(Loss) On	During	Received	nation
Identification	Description	Date Purchaser	of Stock	Consideration	Value	Actual Cost	Date	Adjustment	Adjustment	Disposal	Disposal	Disposal	Year	During Year	(a)
6099998 Summa	ry Item for Bonds Bought and Sold This Quarter			7,300,000	7,300,000	7,300,000	7,300,000)					16,510	X X X	X X X .
6599998 Summa	ry Item for Preferred Stock Bought and Sold This Qua	rter											X X X		X X X .
Common Stock	k - Industrial and Miscellaneous														
681937835	ONE GROUP EQUITY INDEX FUND	17/2002 BANK ONE STO	к												
68231N743	ONE GROUP BOND FUND	FUND 17/2002 BANK ONE	131.445	2,727	X X X	3,776	3,776	331			(1,050)	(1,050)	X X X		L
922031794	VANGUARD FIXED INC SEC FD GNMA#536 . 08/	MANAGEMENT F 27/2002 CITIZEN BANK L		331,020	X X X	328,075	328,075	5 1,741			2,945	2,945	X X X	20,085	L
		TERM	37,418.148	400,000	X X X	386,523	386,523	3			13,477	13,477	X X X	8,403	L
6899999 Subtotal	I - Common Stock - Industrial and Miscellaneous			733,747	X X X	718,374	718,374	2,072			15,372	15,372	X X X	28,488	X X X .
7099997 Subtotal	I - Common Stock - Part 4			733,747	X X X	718,374	718,374	2,072			15,372	15,372	X X X	28,488	X X X .
7099998 Summary Item for Common Stock Bought and Sold This Quarter				23,438	X X X	23,262	23,262				176	176	X X X		X X X .
7099999 Subtota	I - Common Stock			757,185		741,636	741,636	32,072			15,548	15,548	X X X	28,488	X X X .
	I - Preferred and Common Stock			757,185		741,636	741,636	32,072			15,548	15,548	X X X	28,488	X X X .
7299999 Total - Bonds, Preferred and Common Stock				8,057,185	X X X	8,041,636	8,041,636	32,072			15,548	15,548	16,510	28,488	X X X .

⁽a) For all common stock bearing the NAIC designation "U" provide: the number of such issues

E06	Schedule DB Part A Section 1NONE
E06	Schedule DB Part B Section 1NONE
E07	Schedule DB Part C Section 1NONE
E07	Schedule DB Part D Section 1NONE

STATEMENT AS OF September 30, 2002 OF THE HealthPlus of Michigan, Inc.

SCHEDULE E - PART 1 - CASH Month End Depository Balances

Month End Depository Balances								
1	2	3	4	Book Balance at End of Each Month			8	
				During Current Quarter				
		Amount	Amount of	5	6	7		
		of Interest	Interest					
		Received	Accrued					
		During	at Current					
	Rate of	Current	Statement	First	Second	Third		
Depository	Interest	Quarter	Date	Month	Month	Month	*	
open depositories								
Bank One Flint, MI				2,074,458	1,784,996	1,460,666		
				(326,231)	(572,950)	(478,628)	.	
Bank One Flint, MI Bank One Flint, MI				(6,493,074)	(4,101,078)	(2,036,903)	.	
Bank One Flint, MI	3.190	217,817	123,519	. 30,830,086	. 32,850,724			
Citizens Bank Flint, MI						12,441		
Citizens Bank Flint, MI						3,070	H	
019998 Deposits in depositories which do not exceed the	VVV							
allowable limit in any one depository (See Instructions) - open depositories							⊦⊢	
0199999 Totals - Open Depositories	X X X	217,817	123,519	. 26,085,239	. 29,961,692	. 29,986,857	Ш	
0299998 Deposits in depositories which do not exceed the								
allowable limit in any one depository (See Instructions) - suspended								
depositories	X X X							
0299999 Totals - Suspended Depositories	X X X							
0399999 Total Cash On Deposit	X X X	217,817	123,519	. 26,085,239	. 29,961,692	. 29,986,857	\square	
0499999 Cash in Company's Office	X X X	X X X	X X X	910	910	910		
0599999 Total Cash	X X X	217,817	123,519	26,086,149	. 29,962,602	. 29,987,767		

INDEX TO HEALTH QUARTERLY STATEMENT

Cash (Sch. E – Part 1) Cash Flow Ceded Reinsurance (Sch. S) Claims Payable (Reported and Unreported) Exhibit of Premiums, Enrollment and Utilization General Interrogatories Jurat Liabilities, Capital and Surplus	07 11 01 03 10 22
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During the Current Quarter	E02 13
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Schedule DB – Part C - Section 1 – Collar, Swap and Forwards Open at Current Statement Date	
Current Statement DateSchedule DB – Part F - Section 1 – Summary of	E07
Replicated (Synthetic) Assets Open Schedule DB – Part F - Section 2 – Reconciliation	
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